



Higher Ed. Collaborative/Special Education Licensing Program Registration

Name: _____
Address: _____
Telephone: _____ Email: _____

1. Do you have a current Vermont State teaching license?
 YES NO License Number: _____
2. Endorsement area(s):
 Elementary Education Middle School
 Secondary Education _____
3. In the past 15 years have you been convicted of any violation of any law or ordinance (except minor traffic violations)?
 Yes No
4. How did you first hear of the Higher Education Collaborative?
Newspaper___ Employer___ HEC literature___ Other___

Employment History

5. Present or most recent employment:
Name of employer/agency/school _____
Dates of Employment: _____
Job title: _____
Supervisor (Name and title) _____
May we contact this employer? Yes Phone: _____
E-mail: _____
No
Brief summary of job responsibilities: _____

Next most recent employment:

Name of employer/agency/school _____
Dates of Employment: _____
Job title: _____
Supervisor (Name and title) _____
May we contact this employer? Yes Phone: _____
E-mail: _____
No

Brief summary of job responsibilities: _____

Name of employer/agency/school _____
Dates of Employment: _____
Job title: _____
Supervisor (Name and title) _____
May we contact this employer? Yes Phone: _____
E-mail: _____
No

Brief summary of job responsibilities: _____

Read each of the following statements and indicate your understanding.

6. I understand that I will sign a contract if accepted outlining my responsibilities to the program
 Yes No, I have questions: _____

7. I understand that the HEC will culminate with participants earning the right to apply for an endorsement in special education with the Department of Education.
 Yes No, I have questions: _____

8. I understand that the HEC will offer 8 graduate courses (i.e., 24 traditional credits) including 6 internship credits.
 Yes No, I have questions: _____

9. I understand that the courses taken through the HEC can be applied toward a master's degree if accepted.

Yes No, I have questions: _____

10. I understand that my internship will be supervised by a field-based mentor as well as a HEC supervisor.

Yes No, I have questions: _____

11. I understand that I will need to work with the principal/supervisor to ensure that I can engage in my course/ internship responsibilities.

Yes No, I have questions: _____

12. I understand that if I do not intend to function as a special education teacher, but want to earn this endorsement, I can join a cohort if there is space available.

Yes No, I have questions: _____

13. Are you currently employed under a provisional license as a Special Educator?

Yes No

14. I understand that if I am accepted into the program that I will need to have access to a computer and an e-mail account.

Yes No

15. I understand that if I am accepted into the program that I will need to have access to students with special needs in order to complete course and internship requirements.

Yes No

16. I would like to join the following cohort if accepted:

Rutland

North East Region

